

MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Cherokee
Township of
or
Inc. Town of
or
City of Gaffney S.C. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 100 Registered No. 195
(For use of Local Registrar)
St.; 2 Ward

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar
88881

(2) Full Name of Child.....

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>John Coyce</u>	(14) NAME BEFORE MARRIAGE <u>Eva Blanton</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Cherokee Co</u>	(18) BIRTHPLACE <u>Cherokee Co</u>			
(13) OCCUPATION <u>Mill work</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report 191.....
..... 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/26/16 (28) W. J. Smith Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

..... fifth month of pregnancy.